



0687/74768-BA-PCT-US

Docket No. JPW/GJG/MJP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Michael Wayne Graham and Robert Norman Rice
Serial No. : 10/646,070 Examiner: Whiteman, B.
Filed : August 22, 2003 Group Art Unit: 1635
For : CONTROL OF GENE EXPRESSION

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: May 11, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	36 -	* 59 =	*** 0 X	\$26	\$52	=		0.00
Indepen- -dent Claims	3 -	** 3 =	*** 0 X	\$110	\$220	=		0.00
Multiple Dependent Claim(s) Presented For First Time _____ Yes <u>X</u> No				\$195	\$390	=		0.00
				TOTAL ADDITIONAL FEE			\$ 0.00	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

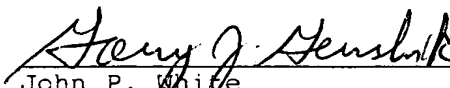
 One additional copy of this Amendment Transmittal Letter
 X Return Receipt Postcard
 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ included)
 A Petition for an Extension of Time, including a fee of
\$ for a Petition for Month(s) Extension of Time
 X Other (identify): Request for Continued Examination Under
37 C.F.R. § 1.114(c)

THE TOTAL FEE DUE IS \$ 810.00.

 X A check in the amount of \$ 810.00 is enclosed.
 Please charge Deposit Account No. in the amount of
\$.
 X The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
 X Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:	
Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
 Gary J. Gershik Reg. No. 39,992	Date 5/11/09


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